

INDIANA DEPARTMENT OF WORKFORCE DEVELOPMENT 10 N. SENATE AVE. • INDIANAPOLIS IN 46204-2277 Telephone (317) 232-7436 (Local) FAX (317) 233-2706 Toll Free 1-800-891-6499			<input type="checkbox"/> Original Report <input type="checkbox"/> Amended <input type="checkbox"/> Transfer <input type="checkbox"/> Pre assigned		
<b>REPORT TO DETERMINE STATUS</b> (APPLICATION FOR EMPLOYER NUMBER) State Form 2837 (R4/7-00) • IF YOU HAVE ACQUIRED ALL OR A PART OF AN EXISTING INDIANA BUSINESS, PLEASE COMPLETE ALL INFORMATION REQUESTED IN SECTION A ON THE REVERSE SIDE. IMPORTANT: Any Employing Unit which fails to submit any report within 10 days after such request is sent, shall be assessed a penalty of not less than \$25.00 (reference Indiana Code 22-4-19-10). If you are an employer of AGRICULTURAL or DOMESTIC (household) help, do not complete this form.					
PLEASE TYPE OR PRINT IN INK.					
1. Federal ID Number: _____			Indiana County _____		
2. Legal Name of Employing Unit _____					
3. Trade Name (or d/b/a) _____					
4. Mailing Address City _____ State _____ ZIP Code (+ 4 + 2 + 1) _____ - _____ - _____			Physical Address City _____ State _____ ZIP Code (+ 4 + 2 + 1) _____ - _____ - _____		
Business Telephone Number ( ) -		Business Fax Number ( ) -		Remarks _____	
5. Type of organization (check one) <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC CORPORATION <input type="checkbox"/> LLC PARTNERSHIP REGISTERED WITH THE SEC. OF STATE <input type="checkbox"/> Other (Estate, Trust, Etc.) _____			6. (a) Formation date of Corporation or Partnership: _____ mm dd yy    (b) State of incorporation: _____ (2 letter abbreviation)		7. Indiana Business Activity _____
8. Enter the required information for owner, partners or officers. Please attach additional sheet(s) if needed.					
Name (please print)		Title		Social Security Number	
				( ) -	
				( ) -	
The State of Indiana does NOT issue account numbers prior to being tax liable, an answer "Yes" to questions 9, 10, 11, 12, 13, 14, or 15 indicates liability.				Date payroll began in Indiana mm dd yy	
9. Has your business filed an IRS Form 940 under the Federal ID number listed above ? <input type="checkbox"/> No <input type="checkbox"/> Yes    If you are an Employer who has qualified under FUTA ( Federal Unemployment Tax Act) in any State during the current or preceding calendar year, you are immediately liable upon having payroll in the State of Indiana IC 22-4-7-2(f).					
10. Have you acquired all or a part of an existing Indiana business, <input type="checkbox"/> No <input type="checkbox"/> Yes    If Yes, please skip to "Section A" on the reverse side and complete that Section.					
11. Has your business had a total Indiana payroll of \$1,500.00 or more in any calendar quarter during the current or preceding calendar year? (Including salaried officers) <input type="checkbox"/> No <input type="checkbox"/> Yes    (Quarter/Year) ____ / ____			12. Has your business had one or more employees any part of a day, in each of twenty (20) different weeks (not necessarily consecutive) during the current or preceding calendar year? <input type="checkbox"/> No <input type="checkbox"/> Yes    (Date of the 20th week) ____ / ____ / ____		
13. 501(c)(3) - Did you employ 4 or more individuals, in any part of a day, in each of 20 different weeks of the current or preceding calendar year <input type="checkbox"/> No <input type="checkbox"/> Yes, If "yes" please submit a copy of IRS exemption letter. If you are an Out of State 501(c)(3), you must meet qualifications aforementioned, to be liable in the State of Indiana.					
14. DOMESTIC - (HOUSEHOLD NATURE) Have you paid, \$1,000.00 or more, cash wages in a calendar quarter to employees <input type="checkbox"/> No <input type="checkbox"/> Yes    Payroll Began ____ / ____ / ____					
15. AGRICULTURAL - 10 Workers in some part of a day in 20 different weeks during a calendar year <input type="checkbox"/> Yes    Quarter/Year Date of the 20th week ____ / ____ / ____ OR gross payroll in the amount of \$20,000.00 in a calendar quarter ____ / ____					
I hereby certify that all information contained herein is true, correct and complete to the best of my knowledge and belief.		EMPLOYER'S SIGNATURE DATE _____ Phone No. ( ) -		PREPARED BY DATE _____ Phone No. ( ) -	

